

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SAMBALPUR****DISTRICT PROGRAMME MANAGEMENT UNIT (NATIONAL HEALTH MISSION)**

AT -DISTRICT HEADQUARTER HOSPITAL, MODIPARA, SAMBALPUR

PO/DIST- SAMBALPUR, PIN - 768 002, ORISSA

Ph :- (0663) 2400441, E-mail:- nhmsambalpur@gmail.com

Letter No- 2911 /Lymphatic Filariasis/68/2025-26Date- 30/10 /2025**TENDER CALL NOTICE**

Sealed quotations are invited from intending the Manufacturer/Authorized Distributors/Whole sellers/Firms having valid GST & PAN for supply of "Plastic Tub, Plastic Mug, Soap & Cotton towel for Morbidity Management & Disability Prevention Kit" as per specification detailed below for O/o the CDM & PHO, Sambalpur. The sealed quotation must be superscripted by "Quotation for supply of MMDP Kit-NVBDCP" at the top of the envelope. The sealed quotation along with related documents as per list mentioned should reach to the office of Chief Dist. Medical & Public Health Officer, Sambalpur on or before dt. 11/11/2025 up to 4:00 P.M. by Regd. Post/Speed Post/Courier. The same will be opened on dt. 12/11/2025 in the Office Chamber of the undersigned at 10:30 AM in presence of interested supplier/parties or his/her authorized representative. The detail specification of the items required is as follows:

SL. No	Item	Detail specification	Quantity required per Kit (Approx.)
1	Plastic Tub	• Minimum 30 ltrs Volume and one feet height. (1 per MMDP Kit)	907 no's
2	Plastic Mug	• Minimum 1 ltr Capacity (1 per MMDP Kit)	907 no's
3	Soap	• Minimum 125gms (2 per MMDP Kit)	1814 no's
4	Cotton Towel	• Minimum 1.5ft X 1.5ft. (6 per MMDP Kit)	5442 no's

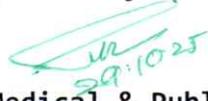
**Terms & Conditions :-**

1. Rate quoted should be inclusive of all taxes & transportation charges.
2. The bidder along with the Evaluation Form shall have to furnish Earnest Money Deposit (EMD) amounting to Rs.4,000/- (refundable) in the shape of Banker's cheques / Demand Draft from any Nationalized / Schedule Bank in favour of the ZSS, NON-NRHM fund A/C payable at Sambalpur.
3. The Supplier or authorized representative must present a sample of all the items listed above during the technical bid opening.
4. The Manufacturer/ Authorized Distributors / Whole sellers / Firms will supply the item within 7 days of receiving supply order.
5. The rate quoted will be valid for period of 1 year from the date of approval of the committee and shall not be subject to adjustment on any account.
6. All payments will be made after delivery of goods at desired place through e-transfer / RTGS/PFMS after submission of bill in triplicate.
7. Any legal dispute arising out of this is subject to Sambalpur district jurisdiction only.
8. Notwithstanding anything above, the undersigned reserves the right to accept or reject any or all quotation and to cancel the quotation process and reject all quotation at any point of time prior to issue of supply order without assigning any reason thereof.

**Documents to be submitted with quotation**

- a) Photocopy of valid GST Registration No. & valid PAN.
- b) Photocopy of bank details/Cancelled Cheque.
- c) Earnest Money Deposit.
- d) Evaluation Form & Price Bid.
- e) Any other document related to the quotation.

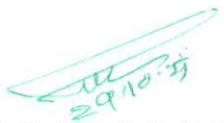
Non submission of any of the above-mentioned document may subject to rejection of the quotation.

  
Chief District Medical & Public Health Officer  
Sambalpur

Memo No. - 2912 / Lymphatic Filariasis/68/2025-26Date- 30/10 /2025

Copy to Notice Board of the CDM &amp; PHO, Sambalpur for general information.

Copy to the District E-Governance Manager, DeGM, Sambalpur for hosting of tender & requested to upload the tender documents in the Sambalpur district website on or before dt. 31/10/2025 till dt. 11/11/2025 (4:00 PM).

  
Chief District Medical & Public Health Officer  
Sambalpur

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**EVALUATION FORM**

1	Name of the supplier/Firms Name of Proprietor/Managing Partner	
2	Full postal address of the supplier Telephone No. E-Mail address:	
3	Are you a Manufacturer/ dealer / reseller	
4	GST registration No. (copy to be attached)	
5	PAN No (copy to be attached)	
6	Bank Account Details/ Cancelled Cheque	
7	EMD Details	DD/BC No: Name of Bank/Branch:

I do hereby certify that the above-mentioned particulars are true to the best of my knowledge.

**Full Signature of the bidder with seal**

**Date:**

**DECLARATION**

It is hereby declare that, I / We the undersigned, have read and examined all the terms and conditions etc. of the quotation document for which I / We have signed and submitted the bid. It is also certified that the quotation documents are fully acceptable to me /us and I / We will abide by the terms and conditions laid in the document.

**Full Signature of the bidder with seal**

**Date:**



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**PRICE BID**

I/ We do hereby submit item wise quotation below:

SL. No	Item	Detail specification	offered rate (per unit)	Total Offer Price (Per MMDP Kit) (in Rs.)
1	Plastic Tub	• Minimum 30 ltrs Volumn and one feet height. (1 per MMDP Kit)	Rs. X 1 No	
2	Plastic Mug	• Minimum 1 ltr Capacity (1 per MMDP Kit)	Rs. X 1 No	
3	Soap	• Minimum 125gms (2 per MMDP Kit)	Rs. X 2 No's	
4	Cotton Towel	• Minimum 1.5ft X 1.5ft. (6 per MMDP Kit)	Rs. X 6 No's	
Total Price (Inclusive of all taxes & transportation cost)				
Rupees (in words) _____				

Full Signature of the bidder with seal

Date: